

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015486

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 18 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY DAVIES S		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DAVIES S	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GALLATIN		Length of stay in 1b 7 DAYS	c. CITY OR TOWN LOCKSPRINGS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COX NURSING HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) NO STREET ADDRESS
3. NAME OF DECEASED (Type or print) First ORVILLE Middle AMERICUS Last PURSLEY		4. DATE OF DEATH Month MARCH Day 30 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/16/1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY BUILDING	11. BIRTHPLACE (City and state or country) PITTSFIELD, ILL.
13a. FATHER'S NAME GEORGE PURSLEY		13b. MOTHER'S MAIDEN NAME AGNES SMITH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO		17. INFORMANT Address OLIN PURSLEY: Locksprings, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) arterial Sclerosis			INTERVAL BETWEEN ONSET AND DEATH 4 days 2 yrs 2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Mar 25 - 63 to Mar 30 - 63 and last saw him alive on Mar 30 - 63 Death occurred at 9:55 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE For Bailey DD		22b. ADDRESS Gallatin Mo	22c. DATE SIGNED April 26
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4/3/63	23c. NAME OF CEMETERY OR CREMATORY PLEASANT RIDGE CEMETERY	23d. LOCATION (City, town, or county) LIVINGSTON CO., MO.
24. FUNERAL DIRECTOR NORMAN FUNERAL HOME: Chillicothe, Mo		25. DATE RECD. BY LOCAL REG. 4-10-63	26. REGISTRAR'S SIGNATURE Theresa M. Engelhardt

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

no permit issued

(25)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elton Norman

Licensed Embalmer No. 4036

P. O. Address CHILLICOTHE, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.